# **Urinary Diary**

### Patient Information

Name: \_\_\_

Appointment: \_\_\_\_\_

#### Instructions

When you get up each morning, start the urine diary and continue throughout the day and night.

This 24 hour period is 1 day and should be recorded in the same column. Continue the diary for a total of 2 days and nights.

- 1. **Time:** In this column carefully note the time that you go to the toilet.
- Amt: Measure the amount of urine you pass ((in millilitres) every time you go to the toilet and write it down in this column. Any ordinary measuring jug is suitable for this.
- 3. **Urge:** Each time if you feel that you had to rush to the toilet for fear of leaking, please tick this column
- 4. **Leak:** If you leak any urine at any time, record the time and tick this column.
- Comments: Use this column to write down anything you think may have influenced your bladder eg. Cold weather, running water, bowel movement.
- 6. Fluid Intake (AMT/Type In): Record the time, type and amount of fluid you drink. Include water, coffee, tea, alcohol etc.
- If you are unable to measure your urine e.g. while out shopping, then just record the time.
- 8. BE HONEST AND ACCURATE

Time	Amt	Urge	Leak	Comment	Fluid
					Intake

## Women's Health Service

#### [continued]

Date					
Time	Amt	Urge	Leak	Comment	Fluid Intake

Time	Amt	Urge	Leak	Comment	Fluid Intake